

Government of the District of Columbia Department of Parks and Recreation

DC SENIOR GAMES 2015 ENTRY APPLICATION

DATES: MAY 4th through MAY 15th, 2015

Opening Ceremony Monday, May 4, 2015
Closing Ceremony Monday, May 18, 2015

Checks/Money orders Only Make Checks Payable To:

DC TREASURER

Mail To:

DC Senior Games 2015 DC Parks and Recreation Senior Services Division 1480 Girard Street N.W. Suite 420

Washington, DC 20009

APPLICATION: Registration fee is \$40.00 per athlete (includes participation in sporting event(s) BOWLING FEES not included) and official tee shirt. All entrants must complete official registration form online, by mail or in person at one of our walk in registration centers.

FOR ACCOMMODATIONS FOR PARTICIPANTS WITH DISABILITIES CALL JENNIFER HAMILTON (202) 664-7153.

NAME:				
(Last)			(Middle Initial)	
ADDRESS:				
(Street)			(Zip)	
TELEPHONE:		D.O.B		AGE:
CHECK PROPER CATEGORIES:		☐ FEMALE □	☐ 50 - 54 ☐ 55 - 59	9 🗆 60 - 64
	□ 65 - 69	□ 70 – 74 □	75 - 79 🗆 80 - 8	4 🗆 85 - 89 🗆 90-
PARTICIPANT SHIRT SIZE:	♦ LARGE	♦ X-LARGE	♦ XX-LARGE	♦ XXX-LARGE
EXTRA SHIRT(S) SIZE: MEDIUM Extra shirt \$				♦ XXX-LARGE
Name(s)				
NO	REFUNDS	DE	ADLINE: Friday, Apri	l 24, 2015













EVENI SHEET	(RETAIN A COPY OF ALL E	EVENTS ENTERED)		
TRACK EVENTS 10K Run 50 METER DASH 400 METER 1500 METER LONG JUMP 100 METER DASH 5K RUN 800 METER RUN FUN WALK 200 METER RUN 1500 METER RACE	☐ 200 YARD BACE ☐ 100 YARD BACE ☐ 50 YARD BACE ☐ 100 YARD FREE ☐ 100 YARD BACE ☐ 25 YARD BREE ☐ 200 YARD IND	EESTYLE TTERFLY CKSTROKE EASTSTROKE KSTROKE EESTYLE RELAY	☐ 50 YARD BREASTSTI ☐ 25 YARD FREESTYLE ☐ 100 YARD INDIVIDU ☐ 25 YARD BUTTERFLY ☐ 100 YARD BUTTERF ☐ 50 YARD FREESTYLE ☐ 200 YARD BREASTST	KE ROKE JAL MEDLEY Y LY TROKE
(Proper race technique I	Required)			
FIELD EVENTS A SOFTBALL THROW SOFTBALL GAMES INDOOR PICKLEBALL		□ SHOT PUT		CHOOL
ADDITIONAL EVENTS ☐ HORSESHOE PITCHIN	NG □ TABLE TENNIS	(Singles)	☐ BILLIARDS 8-BALL (PO	OL)
_	cipant Name ners Name			Age Age
	V/SPOT SHOT			_Age
Team Name BOWLING SINGLES		(all team	members must be register	ed)
	artners Nameartners Name			
AND ADMINISTRATORS, W DEMANDS OR ACTIONS W SENIOR GAMES. I ATTEST A OF THIS EVENT AND MY P	HE GRANTING OF THE REQUEST VAIVE AND RELEASE ANY AND A HATSOEVER IN ANY MANNER AS AND VERIFY THAT I AM PHYSICAI HYSICAL CONDITION HAS BEEN	ALL PARTICIPATING SP S A RESULT OF MY PAR LLY FIT AND HAVE SUF VERIFIED BY A LICENS	ONSORS FROM ALL CLAIMS TICIPATION IN SAID DISTRICT FICIENTLY TRAINED FOR THE SED MEDICAL DOCTOR.	OF DAMAGES, OF COLUMBIA COMPETITION
EMERGENCY CONTACT_		P	HONE:	